



2125\$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: ORTIZ et al. Docket No.: 3001-039
Serial No.: 09/558,233 Group Art Unit: 2125
Filed: April 26, 2000 Examiner: Rao, Sheela S
For: VARIABLE MOTION SYSTEM AND METHOD

RECEIVED

JUL 21 2003

Technology Center 2100

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ 17 Page Amendment; and
 - ☒ Petition for Extension of Time (2 months).

STATUS

- ☒ Applicant is a large entity

EXTENSION OF TIME

- ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/>	one (1) month	\$ 110.00	\$ 55.00
<input checked="" type="checkbox"/>	two (2) months	\$ 410.00	\$205.00
<input type="checkbox"/>	three (3) months	\$ 930.00	\$465.00
<input type="checkbox"/>	four (4) months	\$1,450.00	\$725.00

Fee \$410.00

- ☒ If an additional extension of time is required please consider this a petition therefor.
- ☐ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on July 14, 2003, with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Date: July 14, 2003

Yolette Yturralde-Owen

FEE FOR CLAIMS

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate	Addit. Fee	Rate	Addit. Fee
Total *	29	Minus *0*	26	=	3	x9=	\$0	x18=	\$54
Indep. *	4	Minus *0*	3	=	1	x42=	\$0	x84=	\$84
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+140=	\$	x280=	\$
						TOTAL ADDIT.FEE	\$0	OR	TOTAL ADDIT. FEE
									\$138

- ☐ No additional fee for claims required.
☒ Total additional fee for claims required \$138.

FEE PAYMENT

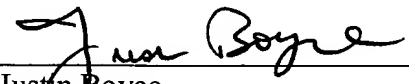
- ☐ Attached is Check No. _____ in the sum of \$_____ for _____.
☒ Charge Deposit Account No. 50-2778 the sum of \$548 for additional claims (\$138) and a two (2) month extension (\$410).

FEE DEFICIENCY

- ☒ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.
☒ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Respectfully submitted,

DECHERT LLP


Justin Boyce
Reg. No. 40,920

John W. Ryan
Reg. No. 33,771

Date: July 14, 2003

DECHERT LLP
Customer No. 37509
P.O. Box 10004
Palo Alto, CA 94303-0961
Tel: 650.813.4800
Fax: 650.813.4848